

RECEIVED

REQUEST FOR VARIANCE

State Form 51184 (R / 5-13)
Food Protection Program

SEP 15 2016

INDIANA STATE DEPARTMENT OF HEALTH
Telephone: 317/234-8569 FAX: 317/233-9200

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT OF HEALTH

1. Individual Submitting Request:

Date: 7 / 23 / 2016

Name: Sean Richardson Telephone: (260) 4094764 Fax: ()

Mailing Address: 1935 Emerson Avenue Email: seangordonr@gmail.com

Fort Wayne Indiana 46808

P.O. Box _____ City _____ State _____ ZIP Code _____

2. Person/Organization Seeking Variance:

Name: The Golden Email: sean@thegoldenfw.com

Mailing Address: 898 Harrison Street
Number and Street

Fort Wayne Indiana 46802

P.O. Box City State ZIP Code

3. Food Establishment(s) for Which Variance is Sought

Include the following information for each food establishment: *(List here or attach additional pages if necessary.)*

- Physical Location (If different than mailing address): see Above
- Mailing Address: _____
(Number, Street, City, State, and ZIP Code)
- Telephone Number: () _____ Fax Number: () _____
- Person at each retail food establishment most responsible for supervising: _____

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:

(Attach additional pages if necessary.)

5. Explain how the potential public health hazards and/or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or any other evidence: *(Attach additional pages, if necessary).*

The Proposal is stating how the process in which to make cured and dried whole muscle meat products is safe because of the ability to prove a low enough water activity (A_w) level to prevent the growth of any bacteria. The attached pages go over, in detail, a safety plan that will ensure cleanliness, consistency, and a safe product. The attached pages also include laboratory studies to prove the safety of products made on premise following the recipes and procedures outlined.

<p>6. List how the proposal demonstrates the following (if applicable to the request):</p> <p>A) How the proposal differs from what is common and usual in similar industry situations:</p> <p>B) How the proposal is unique and not addressed in existing rules or law: This proposal is not new or unique, many business and restaraunts in the country are curing and drying meat on premise to ensure a quality and safe product for guests.</p> <p>C) How the proposal does not diminish the protection of public health: This proposal is following stric guidelines and recipes and tested to ensure safety of finished product.</p> <p>D) How the proposal is based on new scientific or technological principle(s):</p> <p>E) How the implementation of the variance would be practical: Implementation is practical by having a small output of product and the ability to monitor each and every product from start to finish.</p>	
<p>7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted: The person requesting the variance will be the one in charge of any product being cured and dried. The person requesting the variance will also be in charge of monitoring all logs and sanitation standards. The person requesting the variance will also be the one in charge of training others in the process and cleanliness standards and guidelines outlined by the attached pages. Most importantly, the correlation between 30% weight loss and below .87 Aw has been made through the process and laboratory studies proving safety of product. Every prodcut will be weighed and documented before serving to ensure the proper weight loss has been reached.</p>	
<p>8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary.) Allen County Board of Health The Golden</p>	
<p>9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies.</p>	<p>For Office Use Only</p>
<p>10. Signature of Individual Making Request: _____ Printed Name, Title: _____</p>	

SEP 27 2016

INDIANA STATE DEPARTMENT OF HEALTH
Telephone: 317/234-8569 FAX: 317/233-9200

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT OF HEALTH

1. Individual Submitting Request: Date: 9/23/2016
Name: Sean Richardson Telephone: (266) 464 4764 Fax: ()
Mailing Address: 1935 EMERSON AVENUE Email: SEAN@RICHARDSON.COM
Number and Street
FURT WAYNE IN 46808
City State ZIP Code
P.O. Box _____

2. Person/Organization Seeking Variance:
Name: SEAN RICHARDSON Email: SEAN@RICHARDSON.COM
Mailing Address: 1935 EMERSON AVE. HAZARD
Number and Street
FURT WAYNE IN 46808
City State ZIP Code
P.O. Box _____

3. Food Establishment(s) for Which Variance is Sought
Include the following information for each food establishment: (List here or attach additional pages if necessary.)
• Physical Location (if different than mailing address): 898 HARRIS ST.
• Mailing Address: 898 HARRIS ST. FURT WAYNE, IN 46808
(Number, Street, City, State, and ZIP Code)
• Telephone Number: (266) 716-8368 Fax Number: ()
• Person at each retail food establishment most responsible for supervising: SEAN RICHARDSON

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:
(Attach additional pages if necessary.)

5. Explain how the potential public health hazards and/or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or any other evidence: (Attach additional pages, if necessary.)

6. List how the proposal demonstrates the following (if applicable to the request):

A) How the proposal differs from what is common and usual in similar industry situations:

B) How the proposal is unique and not addressed in existing rules or law:

C) How the proposal does not diminish the protection of public health:

D) How the proposal is based on new scientific or technological principle(s):

E) How the implementation of the variance would be practical:

7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:

8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary.)

9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies.

For Office Use Only

10. Signature of Individual Making Request:

Printed Name, Title: SEAN REYNOLDS OWNER